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34

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Application Number	10/613,735	
Filing Date	07/03/2003	
First Named Inventor	Larry Rising	
Art Unit	1762	
Examiner Name	Bareford, Katherine	
Attorney Docket Number	SSR001	, <u>.</u>

ENCLOSURES (Check all that apply)								
	Fee Transmittal Form Fee Attached Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s) Response to Missing Parts/ Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53	Drawing(s) Licensing-related Papers Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Address Terminal Disclaimer Request for Refund CD, Number of CD(s) Remarks	After Allowance Communication to a Technology Center (TC) Appeal Communication to Board of Appeals and Interferences Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please Identify below): Return Receipt Postcard					
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Firm or Individu Signatu Date	Tope McKay & Associates							
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I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: Typed or printed Cary Tope-McKay								

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231.

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PTO/SB/17 (12-04v2) Approved for use through 07/31/2006. OMB 0651-0032 U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE Under the Panerwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number PATENTATI Complete if Known Effective on 12/08/2004. pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 10/613,735 **Application Number** FEE TRANSMITTAL Filing Date 07/03/2003 For FY 2005 First Named Inventor Larry Rising Bareford, Katherine **Examiner Name** Applicant claims small entity status. See 37 CFR 1.27 Art Unit 1762 TOTAL AMOUNT OF PAYMENT (\$) 225.00 SSR001 Attorney Docket No. **METHOD OF PAYMENT** (check all that apply) Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number:_ Deposit Account Name: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES** SEARCH FEES **EXAMINATION FEES Small Entity Small Entity Small Entity Application Type** Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Utility 300 150 500 200 250 100 200 Design 100 100 50 130 65 Plant 200 100 300 160 150 80 Reissue 300 150 500 600 250 300 Provisional 200 100 0 0 0 0 2. EXCESS CLAIM FEES **Small Entity** Fee (\$) Fee Description Fee (\$) Each claim over 20 (including Reissues) 50 25 Each independent claim over 3 (including Reissues) 200 100 Multiple dependent claims 360 180 Fee Paid (\$) **Total Claims Extra Claims** Multiple Dependent Claims Fee (\$) -20 or HP =<u>Fee (\$)</u> Fee Pald (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims Fee (\$) **Extra Claims** Fee Paid (\$) -3 or HP =HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Number of each additional 50 or fraction thereof Extra Sheets Fee Paid (\$) (round up to a whole number) x - 100 = 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): Two Month Extension - \$225 225.00

SUBMITTED BY						
Signature	(1	Registration No. (Attorney/Agent) 41,350	Telephone 310-589-8158	
Name (Print/Type)	Cary	Tope-McKay	1		Date 4/4/2005	

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